

Supporting Information

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SI Text

The Mother. The mother received induction chemotherapy for her ALL, consisting of vincristine, prednisolone, L-asparaginase, cyclophosphamide, and daunorubicin according to the Japanese Adult Leukemia Study Group (JALSG) Ph+ ALL 202 protocol. However, on day 17 after start of therapy, she suffered from *Bacillus cereus* encephalitis. On day 19, she developed severe convulsions, respiratory failure, and acute cardiac failure, and died despite intensive care.

The Infant. Initially, she was registered on the pediatric advanced lymphoblastic lymphoma trial, the Japanese Pediatric Leukemia/

Lymphoma Study Group (JPLSG) ALB-NHL03, and underwent induction chemotherapy. Treatment response was excellent, and the patient achieved complete remission without any residual tumor detected by MRI, CT, Gallium scintigraphy, or PET studies. After *BCR-ABL1* positivity of the tumor was identified, the treatment was changed to imatinib mesylate combined ALL-type chemotherapy. After first intensification course of the JPLSG protocol, the patient was taken off the study and received hyper CVAD based chemotherapy with imatinib mesylate, as previously described elsewhere (1), without bone marrow transplantation. She has been in remission for 18 months after diagnosis, now receiving maintenance chemotherapy.

1. Thomas DA, et al. (2004) Treatment of Philadelphia chromosome-positive acute lymphocytic leukemia with hyper-CVAD and imatinib mesylate. *Blood* 103:4396–4407.

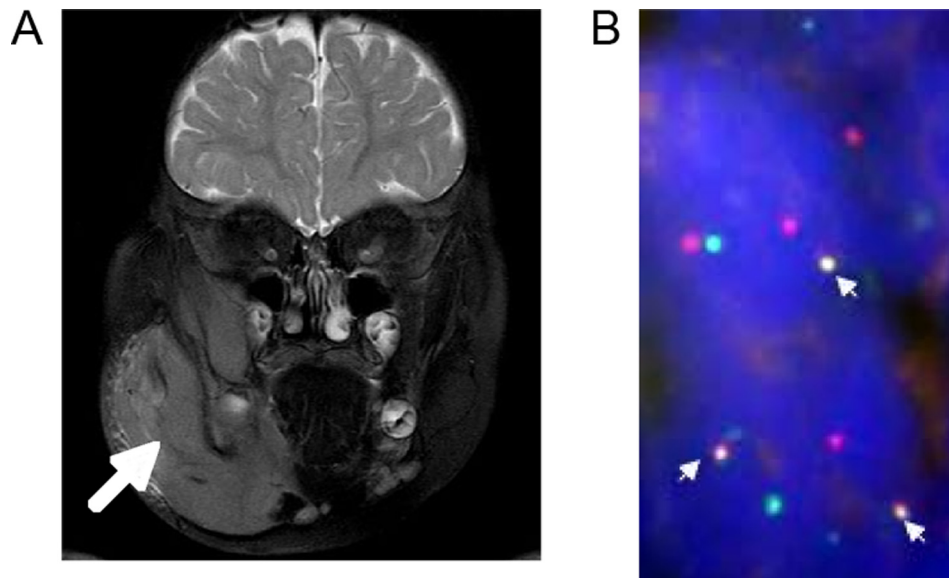


Fig. S1. Infant's tumor. A Coronal T2-weighted MRI image of the right mandibular tumor. S1B FISH signal in paraffin-embedded section of jaw tumor biopsy. Dual color *BCR* and *ABL1* probes (Vysis) were used. *BCR-ABL1* fusion (yellow) arrowed shown in three cells. Cellular outlines (blue) are indistinct in this tissue section.